

517

**ARIZONA STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS**

492

STANDARD CERTIFICATE OF DEATH  
DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

State File No.

Registrar's No.

1. Place of Death: (a) County Yuma (b) City or Town Rural (c) Location Island near Yuma  
(If outside city limits also write RURAL) (St. & No. (d) Name of Institution)  
(d) Length of Stay: In Hospital or Institution none; In Community 1 yr; In Arizona 1 yr  
(Specify whether years, months or days)  
2. Usual Residence of Deceased: (a) State Arizona (b) County Yuma (c) City or Town Rural  
(If outside city limits also write RURAL)  
(d) Street No. on the Island (e) If foreign born, in U. S. A. 1 yr  
3. (a) FULL NAME Salvador Angulo (b) If veteran no (c) Social Security No. none  
(If NONE write the word)

Sex Male 6. Color or Race Mexican 6. (a) Single, married, widowed or divorced single  
6. (b) Name of husband or wife none 6. (c) Age of husband or wife, if alive none

7. Birthdate of deceased February 11 1940  
(Month) (Day) (Year)

8. AGE: Years 1 Months 2 Days 1 If less than one day  
hrs. 1 min. 0

9. Birthplace Winterhaven Calif  
(City, town or country) (State or Country)

10. Usual Occupation child

11. Industry or Business none

Father { 12. Name Jose Angulo  
13. Birthplace Tempe Yuma Arizona  
(City, town or country) (State or Country)

Mother { 14. Maiden Name Cecilia Mollino  
15. Birthplace Los Angeles for Angulo California  
(City, town or country) (State or Country)

16. (a) Informant's own signature Jose Angulo  
(b) Address General Yuma, Arizona

17. (a) Burial, Cremation or Removal Removal  
(b) Place Potholes California (c) Date 4/3/41

18. (a) Embalmer's Signature Disposal  
(b) Funeral Director The Johnson Mortuary  
(c) Address Yuma Arizona

19. (a) April 13 1941  
(b) Mary A. Hufferman  
(Date received local Registrar's Signature)

20M 100% Reg 9/23/40

**MEDICAL CERTIFICATION**

20. DATE OF DEATH (Month, day and year) April 12, 1941  
TIME (Hour and minute) 1:00 a M.

I hereby certify that I attended the deceased from 4/11 to 4/11, 1941  
that I last saw him alive on 4/11, 1941

and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia

Due to none

Due to none

Other conditions (Include pregnancy within 3 months of death)  
Major findings: none

Minor findings: none

Of autopsy no

22. If death was due to external causes, fill in the following:

(a) Accident, suicide or homicide (specify) no

(b) Date of occurrence 4/11

(c) Where did injury occur? no (City or Town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? no (Specify type of place)

While at work? no (e) Means of injury no

23. Signature Charles L. Hufferman M. D.

Address Yuma, Ariz. Date signed 4/12/41

**DURATION**7 days**PHYSICIAN**

Underline the cause to which death should be charged statistically.